

Influenza Update for Geriatricians

2014-2015 Influenza Season, Summary Guidance

Background

It has been recognized for many years that people 65 years and older are at high risk of serious complications from influenza compared with young, healthy adults. During most seasons, it's estimated that 90 percent of seasonal influenza-related deaths and between 50 and 60 percent of seasonal influenza-related hospitalizations in the United States occur in people 65 years and older. Preventing influenza and treating it promptly may reduce the risk of influenza-associated complications, including hospitalization and death.

Current Situation

Influenza activity is increasing across the United States. CDC is getting reports of flu illnesses, flu hospitalizations and flu deaths.

Influenza A (H3N2) viruses have been reported most frequently and have been detected in almost all states this season. During past seasons when influenza A (H3N2) viruses have predominated, higher overall and age-specific hospitalization rates and mortality have been observed, especially among older adults. A review of recent data indicates that highest hospitalization rates are among people 65 years and older.

Compounding the potential for a severe season this year is the fact that over half of the H3N2 viruses circulating are different from the H3N2 vaccine virus; meaning that the vaccine's ability to protect against those viruses may be reduced. However, during some seasons when drifted viruses have circulated, vaccination has been found to provide some protection against drifted viruses. In addition, vaccination will offer protection against circulating influenza viruses that have not undergone significant antigenic drift from the vaccine viruses (such as some H3N2; influenza A (H1N1) and B viruses).

CDC is urging continued influenza vaccination for any unvaccinated persons because vaccine may still offer benefit, and reminding clinicians about the importance of antiviral medications for the treatment of influenza illness, especially among high risk persons, as an adjunct to vaccination. Antiviral drugs become even more important when circulating flu viruses are different from the vaccine viruses. This document summarizes CDC's influenza vaccine and antiviral recommendations.

CDC Recommendations

Influenza Vaccination

As always, CDC continues to recommend influenza vaccination for people who have not yet been vaccinated as long as influenza viruses are circulating. This includes people 65 years and older, who have two flu shots available to choose from: a regular dose flu vaccine and the Fluzone High-Dose vaccine designed specifically for people age 65 years and older. The high-dose vaccine contains a higher dose of antigen than regular influenza shots, and this may give older people a better immune response to the vaccine. The CDC and its Advisory Committee on Immunization Practices (ACIP) have not expressed a preference for either vaccine. During seasons when drifted viruses have circulated, vaccination may still provide some protection, which may reduce the likelihood of severe outcomes such as hospitalization and death.

Those providers who have exhausted their supplies of influenza vaccine may be able to purchase additional vaccine. If unable to do so or if vaccine supply has been exhausted, providers should encourage their unvaccinated patients to seek influenza vaccine at other locations. The [HealthMap Vaccine Finder](#) can be a useful tool for helping patients to find vaccine clinics in the area. Vaccination of caretakers and close contacts of seniors is especially important to prevent spreading flu illness.

Antiviral Treatment

While influenza vaccination is the first and best way to prevent influenza illness, a history of influenza vaccination does not rule out the possibility of influenza virus infection in an ill patient with clinical signs and symptoms compatible with influenza. Providers are also reminded of CDC's recommendations for the use of influenza antiviral medications. Antiviral treatment can reduce the duration and severity of illness and complications associated with influenza.

In both outpatient and hospital settings, empiric therapy is recommended for all persons 65 and older with suspected or confirmed influenza, even if disease is not currently severe. Providers should encourage their patients to seek treatment immediately after illness onset, and should prescribe antiviral medication as appropriate.

Antiviral treatment should be started as early as possible, preferably within 48 hours after illness onset. Among hospitalized patients, treatment should be initiated on admission; several studies suggest that antiviral treatment reduces mortality and illness severity among hospitalized adults, even when initiated ≥ 48 hours after illness onset. The decision to initiate antiviral treatment should be made regardless of vaccination status and should not wait for laboratory confirmation of influenza; especially the decision should not be dependent on insensitive assays, such as rapid influenza diagnostic tests, because of frequent false negatives. More information on antivirals is available at: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm> and <http://www.cdc.gov/flu/pdf/professionals/antivirals/antiviral-dosage-duration.pdf>

In addition, CDC continues to recommend prompt recognition and management of influenza outbreaks in long-term care facilities. Elderly patients residing in long-term care facilities are vulnerable to influenza outbreaks, which in this setting may cause widespread illness with a high fatality rate. To prevent outbreaks, all long-term care facility residents and health care personnel should be vaccinated against influenza. In addition, a suspected influenza outbreak should prompt immediate action. Surveillance should be implemented to identify new cases and standard and droplet precautions should be instituted without delay. All facility residents who have confirmed or suspected influenza should receive antiviral treatment immediately without awaiting confirmatory testing. All residents in the entire facility, not just the affected unit, should receive chemoprophylaxis as soon as an influenza outbreak is identified.

For more details on the management of long-term care facility influenza outbreaks, please see [Interim Guidance for Influenza Outbreak Management in Long-Term Care Facilities](#). The [Toolkit for Long-Term Care Employers](#) is a guide to increasing flu vaccination among healthcare personnel in long-term care settings, including resources to help with providing access to flu vaccination for the long-term care workforce.

CDC is actively monitoring this situation and will provide updates as available.

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